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ABSTRACT

Although community services for migrant children have increased considerably over the past 15 years, they are still primarily restricted to those provided by special Federal or state legislation such as the 1974 Economic Opportunity and Community Partnership Act, the ESEA Title I Migrant Amendment, the Comprehensive Employment and Training Act, and the 1964 Food Stamp Act. Despite the availability of a quarter of a billion dollars annually for migrant and seasonal farmworker services, no real system for the delivery of services exists. Services, as a whole, are seriously fragmented. Differences in eligibility requirements and definitions of "migrant" and "farmworker" have created confusion and duplication of services. Little coordination is evident at the local level. The scope and quality of services varies substantially from project to project. Major problems encountered in the delivery of services are related to community factors, program administration, and the nature of the migrant family and its life style. In order to effectively intervene in the needs of migrant children certain basic issues related to the development and delivery of community services must be identified and dealt with. Some of the issues require immediate attention because of impending changes in legislation or government reorganization. Others are long-range issues because they involve the development of national policy, new legislation, and program design or social reforms. (NQ)

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COMMUNITY SERVICES FOR CHILDREN OF MIGRANT FARM WORKERS

A Status Report

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November, 1977

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INTRODUCTION

John Steinbeck's *Grapes of Wrath* first drew the nation's attention to the poverty and exploitation of migrant farm workers in the thirties. Much the same conditions were portrayed in the fifties by Edward R. Murrow's searing television documentary, "Harvest of Shame."

In the summer of 1977, after more than a billion dollars had been expended by federal programs for migrant and seasonal farm workers, Cassandra Stockburger made a fresh assessment, as the Director of the National Organization for Migrant Children. Her 1977 update documents living conditions for migrant farm worker children that are essentially like those depicted by Steinbeck and Murrow before there were federally funded programs. In stark contrast to these hopeless conditions confronting migrant families, seasonally uprooted several times a year by the harvest cycle, is the well financed and burgeoning farm worker service industry.

This status report on publically funded services for children of migrant farm workers in 1977, funded by the Ford Foundation, is the inaugural activity of the National Organization for Migrant Children. Organized in 1976, NOMC is a response to a nation-wide need for a non-governmental advocacy group for migrant children. Cassandra Stockburger became the Executive Director of NOMC to spearhead this new coalition of advocates for farm worker children and to provide leadership for a dynamic drive to accelerate the positive intervention of public and private resources in the lives of these children.

From 1963 through 1975, Ms. Stockburger was the Director of the National Committee on the Education of Migrant Children, a Program Division of the National Child Labor Committee. She brings to NOMC her quarter century experience with farm workers and her national reputation as a leading advocate of the migrant child.

The report has been designed to frame the major issues related to the rights of the migrant child to the receipt of services for his protection and care. The identification of such issues was required to guide the development of coherent national advocacy policies.

The information base for this report has been broad as well as deep. Cassandra Stockburger reviewed relevant legislation and previous studies, conferred with directors and staff of federal farmworker programs in the United States Departments of Agriculture, Labor, and Health, Education and Welfare. On the national, state and local levels, questionnaires surveyed services providers for assessments of services provided, identification of goals, problems in delivery of services and articulation of unmet needs. Attendance at major meetings and conferences dealing with services for migrant children generated substantial bodies of current information and opinion on such issues of basic policy as legislative reform, funding and program administration.

Field assessments were made locally in five states. Visiting migrant camps, Ms. Stockburger talked informally with children, parents and crewleaders. At schools, clinics and child care centers, she conducted interviews with numerous categories of staff, as well as recipients of services.

Perspective for change was provided, not only by Ms. Stockburger's experience with migrant families and community services, but by revisits to camps and program sites familiar to her before the intervention of federal funds. Also, *Wednesday's Children*, her study of migrant education from 1967-1970, provided a benchmark for assessment of progress in the education programs which now receive more than 50% of all funds available for migrant services.

Special appreciation is expressed to the Ford Foundation for funding this study and to the many persons in agencies and communities across the nation who shared information and observations, as well as to all those who assisted with making arrangements for field visits to camps and programs. Appreciation is expressed also to various members of the NOMC Board of Directors and, in particular, to Karolyn R. Gould, Chairperson of the Program Committee, for their assistance in the preparation of this report.

Louise C. Del Savio
President

November, 1977

SUMMARY

For almost a century, children of migrant farm workers have been uprooted from community, by-passed and forgotten. Exploited in the work place, they have suffered all the deprivation of a poverty population and more. They have lived, not just in substandard housing, but too often with none at all--under a tree, in a car, under a bridge. Though they harvested the nation's food, their stomachs were often empty. As perpetual outsiders, traditional health, education and welfare services frequently were beyond their reach.

The family's life style, itself, generations in the making, limited the opportunity of the children to move into the mainstream of society.

For decades most communities, faced with an annual influx of migratory workers, were reluctant to help these non-residents with essential services.

The Federal government was equally non-responsive to the needs of migrant children. It was not until fifteen years ago that the first of a number of federally aided programs was initiated.

Although annual appropriations for migrant and seasonal farmworker programs now total nearly a quarter of a billion dollars, large numbers of migrant children still are shortchanged completely. While the Elementary and Secondary Education Act provides for supplementary benefits for migrant children, no more than 50% of those eligible receive any assistance. Another program, Migrant Head Start serves about 1%. And Migrant Health reaches only 15%. The Comprehensive Employment and Training Act's farmworker program served about 10% of their target population of some 2,405,000 with manpower or supplemental services. Of those served 36.6% were under the age of eighteen. Some additional services for child care are provided under Title XX of the Social Security Act and by a few state appropriations for education and child care.

To administer these programs there has mushroomed throughout the nation a migrant service industry made up of administrators, consultants, contractors and providers of

goods and services of all kinds. In addition to hundreds of public agencies, we identified more than thirty major non-governmental grantees of migrant programs. While some operate on a more localized basis, many are statewide with satellite offices in local communities. A few now operate on an interstate basis. Known generally as "farmworker organizations" they do not necessarily either represent the farmworker nor give him a voice in their operations. The majority are partially funded under CETA and have formed the National Association of Farmworker Organizations with a national office and staff in Washington, D.C.

Program funds are channeled through grants to public and private nonprofit agencies or through formula allocations based on the population served. But, in the main, there is no overall design for the location of projects, nor for the determination of program priorities. One exception is the Migrant Health funds which are restricted to high impact areas.

Services, as a whole, are seriously fragmented. Each program carries its own definition of migrant and seasonal farmworkers. Each has its own criteria for eligibility. And except for Migrant Head Start, all serve some portion of the non-migrant seasonal farmworker population as well as migrant farmworkers. Because the target population differs from program to program, it becomes difficult to estimate the total population to be served. The task is further complicated because little reliable information is available on either the actual migrant family population or the non-migrant seasonal farmworker.

In 1973, the Migrant Health Program attempted to identify their target population. They estimated the migrant population (workers and dependents) at 700,000 and the non-migrant seasonal population at 2,000,000. Excluded from this number were about 2,225,000 other casual or full-time workers who might qualify for some other farmworker services. Based on these projections, the federal appropriation for migrant and seasonal farmworker programs amounts to about $49 for each person. (1)

Current attempts to deliver services are woefully uncoordinated and, in some instances, simply incoherent. While the same kinds of services, for example, day care and health, may be provided by three or more agencies, children eligible in one state or program may not be eli-

gible in another. The scope and quality of services varies substantially from project to project. There is no guarantee that any service will be provided.

An obvious side-effect of the migrant education programs offered under the Elementary and Secondary Education Act, has been the public schools' increased awareness of the migrant child. But this is not totally without self-interest because benefits are based on the number of migrant children identified and enrolled. Community schools benefit even more from summer schools as many millions of dollars go into rural districts, keeping buildings open, providing employment for regular school staff and a reservoir of equipment and supplies.

Staffing of programs continues to be a problem from various points of view. Clinics and other health services have difficulty recruiting and holding medical personnel. Seasonal child care facilities which utilize teachers or students find it difficult to hold staff for the entire season. Program staff frequently are not representative of the ethnic composition of the children and many communities do not have access to qualified bilingual personnel. Some programs use migrant family members in community liaison and classroom aide positions. The Texas Migrant Council Head Start programs utilize migrant family groups to staff child care centers.

Since most programs utilize schools, churches or other existing space, facilities observed were, for the most part, very good. The care and education provided in the projects visited were of a quality comparable to or exceeding that provided resident children. However, overall, most projects continue to follow traditional models. Summer schools place major emphasis on enrichment activities, field trips, etc. There was no evidence that the approach to migrant education had changed significantly since the first study of ESEA migrant programs in 1970.

Because many children are served only for short terms it is difficult to determine precise costs on a per pupil basis. However, it appears that day care often runs $2,000 to more than $3,000 for each child on an annual basis. If administrative and in-kind costs are added the cost may go even higher. Some summer schools have been found to spend as much as $1,000 for each child in

a six week session. This compares to an annual per pupil cost in the nation's public schools of $921.

When these costs are compared to the annual average income of $2,000 for a migrant farm worker in 1975, the question must be raised whether the impact might not have been greater if these funds were in the form of a guaranteed annual income. (2)

While some more substantive efforts have been made in the last two or three years by certain education agencies to collect significant data, we do not believe that an adequate information base exists to accurately evaluate impact in either statistical terms or outcomes. Nevertheless, of the program providers who responded to our questionnaire, 93% rate their success in meeting their own program goals as good to excellent. Of the same providers, 84% believe that current programs are making a significant impact on needs of migrant children.

While maintaining such an optimistic view, few submitted supportive data. Failure of most programs to provide for initial studies and data collection, the varying definitions of the population to be served and the inconsistency of eligibility criteria, as well as the enrollment of ineligibles, make existing data difficult to analyse in terms of the currently migrant child.

Because data is still fragmentary, we were unable to determine to what extent community services influence families to remain in the migrant farm labor system, or for that matter, to move out. We do know that some families continue to migrate for generations; others do so for only a few years before settling out and finding other employment. Still others move in and out of farm labor from year to year. Increasingly families from other countries, especially Mexico, are entering the migrant stream.

As Federal funds for migrants have moved into local communities, the voluntary sector as a significant provider of services has virtually disappeared. This is an unfortunate loss in terms of resources and good will, but more importantly it appears to have lessened their role as guardian of the public interest and as advocates for migrant children. Their independent role as advocates cannot be replaced by program providers dependent on federal funds for survival.

In the summer of 1977 there was much that had not changed for migrant farmworker families.

Migrant children do not live in radically different circumstances than they did fifteen years ago before there were federal programs. Uprooting of families numerous times during an annual cycle continues. Families still live in abject poverty, crowded, at best, into airless concrete block structures, reminiscent of refugee camps.

Children are more exposed than ever before to serious environmental hazards from pesticides, motorized machinery and vehicles. Labor camps are still frequently placed adjacent to harvest fields, packing sheds and processing plants. While child labor laws have been strengthened, lax enforcement still permits young children to work in the fiedls. Near peonage conditions exist for those who depend on unscrupulous and unregulated crew leaders for their transportation, housing and employment.

While specially targeted services have become increasingly available, public welfare services, in general, remain equally as inaccessible as before. Medicare and Aid to Families with Dependent Children and other programs such as foster care remain beyond their reach.

Even though federally funded programs have not provided the impact on migrant child needs which we had hoped for, to abandon the concept of federal aid offers no solution. Neither does the continuous expansion of current service models without adequate assessment of effectiveness. Migrant children will continue to require special attention as long as farmworkers cannot be assured of an annual income and other living and working conditions sufficient to provide an adequate standard of living.

To provide the needed protection and care, services must be organized into a rational system at the federal level which will facilitate coordination and consolidation at the local level.

New rationales must be developed for services based on actual needs of the child. Current models of education and day care which are based on traditional day care models and school day schedules simply do not satisfy the need for adult protection and care over periods as long as eighteen hours a day when parents are working.

In recent years we have come to rely increasingly on the Federal government alone to solve the problems of society. At the same time we have abdicated to technicians the traditional creative role of the voluntary agency. We believe that the cause of migrant children transcends the purview of public and private interests. What is needed is the mobilization of the unique resources of the voluntary sector in effecting solutions to the problems of the migrant child.

Although America's migrant farmworkers are a vital link in the world's food chain, the Nation remains largely unaware and unmoved by the human suffering entailed in the harvest of foods for our tables. Neither is there any indication of serious intent on the part of government or the agricultural industry to radically change the working conditions in the farm labor system as they have existed for decades.

While as a nation we have taken up the cause of human rights around the world, at home we continue to deny hundreds of thousands of children of migrant farm workers their rights to such basics as adequate nutrition, medical care and education and to their very childhood by condoning the continued use of child labor in agriculture.

I. A PERSONAL PERSPECTIVE

Conditions Prior to Federal Intervention and Fifteen Years Later

As I drove along the narrow country roads on a June morning in 1954, I was entranced by the large red and white barns and the neatly painted farmhouses surrounded by green fields. Fields which stretched endlessly across the fertile, flat landscape of central Indiana. This rural affluence, I was soon to see, was in sharp contrast to the migrant farm labor camp which was my destination that day.

I had been employed by a local community group to provide recreational, educational and religious services for migrant farm workers living throughout the county. This was to be my first encounter with the men, women and children who harvest so much of the nation's food supply.

That first camp was considered a good one. There was a cold water shower, two pit privies and a central water hydrant to serve the fifty or sixty persons living there. The same crew leader and crew, with few exceptions, came back year after year. They were a stable group by migratory labor standards.

But there were problems, too. As the summer dragged on, the one room cabins which served each family for cooking, living and sleeping became permeated with the odor of rancid cooking grease. The garbage piles grew and the privies overflowed. Swarms of sticky flies found unprotected food a ready target. There was no storage space, no refrigeration and no screens on the windows or doors.

Children, dogs and goats shared the small dusty courtyard separating the two rows of unpainted cabins which served as home for the Martinez crew from May through mid-October when the frosts would end the harvest and the homeward trek to Texas would begin.

That year there were no community services available to migrant children--no school, no day care center, no job training, no food stamps, no clinics. We scrounged for

recreational and teaching materials. Our classroom was under an oak tree whose sprawling branches provided shade from the summer sun.

But, with Kool Aid, youthful energy and an eager bunch of children on our side, we survived that, and several more, summers as we moved from camp to camp in the mid-west, the southwest and the south. Results were elusive, however. There were always more children than we could care for and their problems seemed to multiply. It was clear that the resources of the voluntary agencies could not meet the vast needs of the million or so migratory farmworkers and their families scattered throughout the entire nation. Not only were they affected by their abject poverty, but their migratory life style rejected and disoriented children, denying them any sense of belonging to a community.

By the mid-sixties help was on the way. Congress had included federal aid for programs for migratory workers in the War on Poverty and the Great Society Programs.

Beginning with modest grants for family health services in 1962, the roster of programs began to grow. Schools were developed. Day care centers were established. Opportunities to leave farmwork were offered. Then Cesar Chavez and his farmworker organizing commitee began to raise their voices on the West coast. All across the land their supporters joined in demands for collective bargaining rights and for full protection of farmworkers under labor laws. There was reason to be optimistic that the century of suffering and deprivation of migrant farm labor, so graphically depicted by Steinbeck's *Grapes of Wrath* and Murrow's "Harvest of Shame", was finally coming to an end.

But, in the early seventies we began to have serious doubts about the impact of Federal programs.

The War on Poverty was but a memory. Except for education for migrant children, responsibility for migrant programs begun under the Economic Opportunity Act, was moved to the Department of Labor. There the emphasis became training for non-farm jobs. Day care funds were restricted, largely, to centers providing care for children of trainees. Grossly inadequate appropriations had continued for other day care and for health services. Then, in a number of studies, beginning with *Wednesday's*

Children in 1971, questions were raised about the effectiveness of migrant education efforts under the 1966 amendment to the Elementary and Secondary Education Act.

Finally, in 1976, *A Day Without Sunshine*, a television documentary on migrant farm workers in Florida depicted conditions comparable to any of those in *Grapes of Wrath* or "Harvest of Shame". In this film, two young mothers, one Anglo and one Chicana, described what it was like to be a migrant farm worker in 1976. They told of indecent housing at high rents, of hunger, disrupted education, lack of access to medical care, and of discrimination, exploitation, poor working conditions and low wages. Their stories were the same I had been hearing for more than two decades. Only the characters had changed. These young mothers were the girls I had played with and taught in migrant labor camps in Indiana, Arkansas and Texas a generation ago.

The time had come to ask some hard questions. Had all the efforts to improve living and working conditions for migrant farm workers been in vain? Had the expenditure of hundreds of millions of dollars over the past decade made any difference? What do the migrants themselves think? How do the providers of services feel about what they are doing?

I set out to find some of the answers in the summer of 1977.

I wanted to establish a personal perspective about where we had been and where we have come in providing community services for the children of America's migrant farm workers. There were of course, interviews with program directors of the various Federal agencies to familiarize myself with any new legislation, operational guidelines and regulations. But, what I most wanted was to hear what the state and local people who work directly with farm workers had to say about their work. I wanted to talk with the farm workers, to see the children, to visit with teachers, doctors, nurses and community leaders.

Questionnaires were sent to a randomly selected group of 160 providers of services throughout the country. Then, during travels to five states, selected geographically to reflect various conditions, I visited labor camps,

observed programs in operation and interviewed program providers, farm workers and community leaders. The final trip took me back to the county in central Indiana where the story had first begun for me in 1954.

On the Road

An early trip to California revealed just how much and how little things have changed.

My first meeting was with the regional directors of migrant education of the state department of education. There, siting around a table in a motel conference room in San Diego, I heard accounts of sophisticated management procedures being introduced in one region, of summer programs at Stanford University for promising young students, of cooperative dental clinics between local school districts and the Universities of California, of problems of initiating work in urban areas such as San Diego, of exciting outdoor education conducted by the Mini Corps, of parent involvement programs and of plans to seek out and improve educational and staffing models. Through all the reporting the theme which kept emerging was "We are making progress."

To support this theme, one director emphasized that his region had had a 17% increase in enrollment in grades eight through twelve as compared to 3% for other grades. Ten years ago, he reported, that hardly anyone enrolled in the upper grades.

The director from the Coachella Valley reported ten migrants on the honor roll and that the student body president, in one school, was a migrant. Another director insisted that migrants no longer see themselves outside of education. "They are people going places, making lots of progress, but with a long way to go."

A school principal from Riverside added that when he first came to California to teach in 1948 he found migrant students were too discouraged to continue in school. They did not have hope that they could go to college. "Now," he said, "we are seeing the results of painstaking work. We have to look in retrospect of ten to fifteen years in order to see change. If we try to see abrupt change, that doesn't occur."

As I listened to personal comments and looked around the table, it became obvious that more than 75% of the leadership of the California migrant education program at the state level is from migrant farm worker and/or Chicano background.

A day or so later, I left my air-conditioned hotel room in Bakersfield just after daybreak. Even at this early hour the heat of the San Joaquin Valley was oppressive--in the mid-nineties and headed for the 105-108 degrees which had hung over the area for days. I drove southeast toward Lamont, Weedpatch, Arvin. This was *Grapes of Wrath* country. I wanted to see where the workers lived and to check out for myself whether or not children were working in the fields.

The onion harvest was well underway and many of the fields had been completed. I was later to learn that work was so scarce in the Valley that some were driving 75-80 miles in order to get work. It did not take long to find what I was looking for. Men, women and children of all ages, snipping away at the onions and putting them in bags to be carried to the packing sheds.

A short distance down the same road I found the camp where, undoubtedly, many of those workers had spent a restless night, crowded into the tiny houses which stood side by side, row after row. The general appearance from the outside was one of a clean and well kept camp. Some of the houses appeared to have water coolers in the window to give some relief from the intolerable heat. But again, as in all labor camps which I have seen anywhere in the nation, families were expected to live in grossly inadequate space.

Later that morning, I had an appointment with the staff of the *Huelga* School for farm worker children and with the representatives of the farm workers union in Delano. So, I headed north again on Highway 99 to find a place to have breakfast. I stopped at a crossroads cafe and ordered. Half way through my coffee, a sign hanging in front of the cash register caught my eye. It was the same sign we became so accustomed to see throughout the South in the 1950's and 1960's. It read, "We reserve the right to refuse service to anyone."

As the weeks went by, I visited numerous schools, day care centers and camps. From these visits there emerged

a number of images which reflect the successes, the failures, the problems, the unmet needs. From these we can begin to see how much and how little has changed for the migratory farm worker and his children. A cross section of such images would include:

- The mother who convinced her son to drop out of college to come back on the road to help his crew-leader father. There would be plenty of time for college later, she had argued.

- The delighted squeals of preschool children as gingerbread men emerged from the soft brown dough.

- The demonstration of newly learned swimming skills in the blue waters of a mountain lake in Kings Canyon National Park.

- The exhausted old woman, sitting, dejected and alone, on the steps of a run-down cabin after a day of work in the fields.

- The tiny handicapped child, left alone in a big chair, with feet dangling, while other children ran and played around her, and day care center staff idly visited with each other.

- The school which hired the crew leader's mistress as an aide in order to be assured of his cooperation.

- The gleefulness of children in a New York state day care center as they offered me cups of "coffee" and "milk" from their sink of soapy water.

- The Florida-based crewleader fretting about the possible loss of his license because illegal aliens had been picked up in his crew the previous night.

- The sparkling new clinic waiting room where babies fretted in their mother's arms, and tired men and women, old before their time, sat stoically waiting.

- The three year old who traveled six hours each day to a day care center.

- The crewleader's new Lincoln Continental parked in front of his shabby labor camp cabin.

. The conscientious summer school nurse who plaintively commented that she had been unable to complete her screening of the children because the computerized records she had been promised the first week of school had not yet arrived and there was only one more week before school closed.

. The mother who boasted of taking her two sons, aged twelve and ten, to the fields where they had earned $800 during the summer.

. The decaying barracks of a 1930's CCC camp which is "home" to 800 migrant farm workers.

. The elderly farm worker, now retired on Social Security, who is worried about his "brothers" still working in the fields at low wages. His only hope for them is Cesar Chavez and the Union.

. A seriously ill infant who waited five hours for treatment because the on-duty doctor refused to come to the hospital and further delayed treatment in his office until he had called the migrant health clinic to solicit payment of his fees.

. The community leader who lamented the fact that community initiative and leadership is no longer wanted or appreciated because of the flow of federal dollars and state agency personnel into the local communities.

. A nurse in a day care center who commented that after ten years of work with migrant children she now sees fewer respiratory infections because, she believes, of improved nutrition.

. The migrant mother who was confused because some clinics provide free service and others "embarrass you by asking for money when you have none."

. The three year old whose front teeth had rotted away. It was due to medication, his mother commented, as she handed him a bottle of chocolate drink on which he sucked for the next two hours.

. The camp where the entire teenage population was either still in high school or college or had completed high school.

Everywhere I went I found program staff willing, even eager to talk. Then I remembered my own days working in isolated communities with migrant children. There still remains a great deal of professional isolation and the consequent unmet need for sharing ideas and experiences with persons with similar concerns. Some were eager for new information and ideas. Others felt it was necessary to sell me on the superiority of their services. Migrant farm workers were equally cooperative as they invited me into their homes. Spanish speaking women were delighted to find someone who could "talk like us."

But in the end, it was the information that was not emerging which troubled me the most.

Programs, I saw, were, in the main, satisfactory. Children were being taken care of. Many were engaged in interesting and worthwhile activities. Dental and medical attention was beginning to be evident. But, there could be no denying that migrant children in 1977 still leave day care centers and schools and return to the same miserable, crowded, unsafe living conditions and "blind alley" environments as did their parents before them. Family incomes remain far below that needed to maintain a decent standard of living. And many children still receive no benefit from community services.

Many of the staff of service agencies seemed either unconcerned or uninformed about the root causes of the problems of migrant children. Repeated inquiries, for example, about child labor produced little information. Outreach workers apparently do not go into the fields and other work places to see what working conditions are.

Likewise, few seemed to see migrancy, itself, as a significant problem.

Talks with workers provided little information on how they felt about the suitability and accessibility of services. It was obvious that most were not in a position to complain either about working or living conditions or the services available. In this respect nothing has changed.

A father from Mexico expressed sorrow that he had had to remove his older children from school and bring them to the United States to work with him. He was pleased that one son was studying English in the evening. "Perhaps

he can become a mechanic," the father suggested. His own goal was to get immigration papers for his wife so that she and the younger children could join the rest of the family in the States. He would then build a house for them on land he already owns just across the border in Texas.

For this soft-spoken, gentle man, six months of the year were spent picking crops in Delaware, Pennsylvania and Wisconsin with four of his older children. "There is no other way for me to live," he said, "I speak no English."

In talking with other parents it was apparent that, in addition to whatever constraints they feel about commenting on community services, they are really not very well informed about such services. This is, of course, no reflection on their concern for their children's welfare. Social service delivery systems are complex. Most parents, living in a single community for many years, do not find it easy to understand and effectively deal with community structures. How much more difficult for parents who are expected to function in several communities during a single year.

Agencies, I found, were having at best mixed results with attempts to involve parents. Most of the efforts were either social events or a combination of a social and public information events. Because of their mobility, no really successful models involving parents in the planning stages were identified. In fact, the newly formed National Parent's Advisory Committee is headed by a dynamic non-migrant leader in the Chicano community on the West coast, not a migrant parent at all. Whether this is a necessary and acceptable direction for development of parent involvement remains to be seen.

It is clear that if migrant parents are to become effective leaders and spokesmen, in their own right, they need a great deal more knowledge about services and about what is appropriate for their children.

As long as they are simply "grateful" for any care and any attention given to their children, as long as they are afraid to speak out and raise hard questions, there will be little viable guidance from the migrant farm worker community itself.

As I saw more and more of how services were being delivered, it became evident that a major change had taken

place in the delivery of services. A new migrant and seasonal farm worker service industry had developed. Composed of contractors, specialized staff and providers of goods and services, this industry includes the non-profit organizations, which exist largely as grantees of Federal programs, as well as state and local education and health agencies and some commercial ventures, engaged in research, curriculum development and audio-visual production.

Of special concern as I observed staff of the agencies at work was the duplication of staffing and the intrusion of so many different agencies into the life of the migrant family. In some communities families are confronted with as many as five or six different agencies; all seeking to register various members of the family for school, for day care, for non-farm jobs and job training, for health services, for high school equivalency classes, for field trips and so on.

Imagine, if you will, a family which has just traveled 1200 miles across the country in the back of a pick-up truck or crowded into the family car. There have been no overnight stops in a motel; no hot meals in a restaurant. On arrival in the camp there is confusion, fatigue, disorientation. The only thought is getting the family settled and finding out if there is the work they have been promised.

But their arrival has been neither unexpected nor unnoticed. The outreach workers for the various agencies begin to descend with their battery of forms to be filled out. A representative of one farmworker organization assured me that "we're in the camps to register them the day they arrive." And so, apparently are the health workers and the school recruiters. In fact, it was reported that one agency even goes to the camp before the crew arrives and leaves "calling" cards asking that the arriving farm workers contact them.

Further confusion is created by open squabbling between agency staffs for "turf." In more than one instance, health and education personnel were highly critical of farmworkers who have been identified and brought in by other agencies. To add insult, the name of the farmworker was then turned over to the clinic as the organization's own referral.

On the other hand, there were isolated instances of cooperation. In Tulare County California the nurse coordinator for the schools migrant projects described a successful program of integrated services between the migrant schools and the county health department. She added that they could not operate without such cooperation. In Fresno County, mental health personnel were deployed to the migrant clinic where they were available to patients. In Delaware, the State Department of Education and a Head Start grantee pooled resources and purchased slots for migrant children in existing day care.

Much of the present confusion is caused by the absence of any design for coordinated management of programs serving migrant farm workers. There was optimism in some quarters in early 1977 that the new administration in Washington might provide the opportunity for developing and implementing such a management design. So far there is only agreement that there is a need for administrative restructuring, but none on what form reorganization of migrant programs should take. This is, of course, the fundamental baseline from which change has to start. Such reorganization must become the priority agenda for migrant farm worker programs.

Conclusions

Wherever I went, the story remained the same. There was repeated evidence of the imposition of community services upon a people who are caught up in a labor system which remains virtually impervious to change.

Child labor still exists. Housing remains dismal. Health services are woefully inadequate. Educational opportunity is limited. Job and income security non-existent.

Meanwhile government funded farmworker organizations and public agencies are caught in a bureaucratic nightmare which demands that they send out recruiters, like bounty hunters, to roam the countryside and identify the farmworker's children. As a result, the migrant workers are besieged with a parade of well-intentioned outreach workers filling out forms and permission slips for children to go on field trips, to have their records placed on a nation-wide computer network, see a dentist,

be immunized, and so on.

But, even if all the services were well administered and designed for effective delivery, funds, overall, are inadequate to do the job required. Caught in the dilemma of deciding between getting a sick child to a doctor today and the long-range goal of helping parents learn good health practices, the immediate need wins out. And so it goes. Year after year, schools rush to make up for already existent educational deficiences. Health services strain to serve just the chronically and seriously ill.

And, in the meantime, causes go unidentified, undiagnosed and uneradicated. Seasons come and go and with them yet another generation of migrant children--broken, discouraged and ill-prepared, move into premature adulthood.

In the summer of 1977 the migrant farm labor system was no less a breeder of dependency, poverty and suffering than when I was first introduced to migrants in 1954. We continue to use bandaids where radical surgery is indicated. And the danger is that this temporizing will mask the inadequateness of the treatment and lead to further complacency and inaction so that children by the thousands will continue to be destroyed.

II. COMMUNITY SERVICES FOR MIGRANT CHILDREN

What They Are And How They Are Delivered

In 1977, migrant children still remained outside the mainstream of most of the services provided for children in this nation. While some migrant children are, without doubt, faring better than at any previous time, needs still go unmet.

Migrant children are primarily served by specially targeted programs. Of these, education and day care are the most visible. Children enrolled in schools and child care programs may also have access to some health care and food services. However, this is by no means guaranteed. In addition, family health clinics are available in a very limited number of communities. Most families still continue to rely on the emergency room of community hospitals for their medical care.

Conventional child welfare services and family assistance remain largely beyond the access of the migrant child and his family. A recent study of migrant child welfare services by the Department of Health, Education and Welfare, concluded that "While a few special programs exist and some public agencies do knowingly seek out and serve migrants, acknowledging their special circumstances, migrants as a group do not benefit from existing conventional child welfare programs. Children benefit less from general assistance programs in which families participate than are required to meet their needs." (1)

Since many migrants are not eligible for Aid for Families With Dependent Children they cannot benefit from other programs which require AFDC eligibility. Two of these are Federal Medicaid programs and the Early Prevention, Screening, Diagnosis and Treatment (EPSDT) for young children.

Some migrants are able to use Food Stamps despite considerable obstacles such as requirements for a fixed address, cooking facilities and documentation of income and assets. These barriers, fortunately, are being reduced under the Food Stamp Act of 1977.

Most migrant housing remains inadequate for family living. Camp housing is still largely provided by the employer, either as an individual or through an associa-

tion of employers. In a few areas, community housing authorities or state governments have erected housing units. However, they do not differ greatly from private camps. Most families, regardless of size, live in one or two rooms. Much of the new housing consists of concrete block structures with several housing units contiguous, in motel fashion. All observed this summer had access to water under pressure and electricity. This is usually required by farm labor housing codes. However, crowding, with the unsanitary conditions which often ensue, and the lack of safe areas for children to play make even the best camps far from desirable.

Because of adverse weather conditions and the resulting uncertain harvest seasons which in 1977 disturbed the normal flow of workers, many were reported to be living out of cars and under the trees for considerable periods of time. (2) Others seek non-camp housing in rural areas and small towns. This source of housing often does not meet even minimal standards of decency.

Special Legislation

Special legislation designed to provide services for the migrant child became necessary for a number of reasons. The migrant agricultural work force is considered non-resident by many communities and so, historically, has not been planned for. Likewise, community services such as schools, libraries and recreational facilities often refused services to the migrant child. Even yet, non-residency is a barrier to some state and local services. To get participation for migrant children in those services dependent on local option is difficult, if not impossible.

Both Federal and state intervention, with special legislation and appropriations, was called for because the demand of the migrant family on the communities into which they moved are seasonal and unpredictable. Further, migrants often impact small towns and rural counties least able to provide services for their year round resident children.

Currently services are being provided the migrant child and/or his family by the following legislation:

I. EDUCATION

A. Head Start: Economic Opportunity and Community Partnership Act of 1974

This Act extended some of the programs established under the Economic Opportunity Act of 1964 and is the enabling legislation under which the Indian and Migrant Programs Division of the Office of Child Development, DHEW, offers child development programs for migrant children.

B. Elementary and Secondary Education Act, Title I, migrant amendment

The migrant amendment of 1966 to Title I authorizes supplemental education services for children of migrant agricultural workers and migratory fishermen.

II. HEALTH

A. The Health Act of 1975, Title IV of the Public Law 94-63

This Act authorizes the Secretary of Health, Education and Welfare to make grants for provision of comprehensive family health services for migrant and seasonal farm workers.

B. Rehabilitation Act of 1973, Title III, Section 304

The Secretary of Health, Education and Welfare is authorized under this act to make grants to state or local agencies to pay up to 90% of the cost of providing vocational rehabilitation services to handicapped migratory agricultural workers. The benefits of such grants, which include maintenance and transportation, may also be extended to the workers' families.

III. HOUSING

A. Housing Act of 1949, Section III

This Act authorizes the Secretary of the Department of Housing and Urban Development to provide

financial assistance for low rent housing for groups of farm workers.

B. Housing Policy for Agricultural Workers, Department of Labor

It is an established policy of the Department of Labor to deny interstate recruitment services of the Department to employers whose housing does not meet certain criteria as to size, health and safety.

IV. WELFARE

A. Social Security

The Social Security Act provides that "emergency assistance to needy families with children" may be made available to migrant workers with families in the State, if the State so designates.

V. OTHER LEGISLATION WITH CHILD BENEFITS

A. Comprehensive Employment and Training Act, Title III, Section 303

Primarily a manpower program for migrant and seasonal farm workers, this Act is empowered to offer alternatives to agriculture through non-farm job training and placement. It is also authorized to provide services which will improve the agricultural life style for those who wish to remain in farm labor. A national discretionary account provides for High School Equivalency Programs, College Assistance, Housing and Technical Assistance.

B. Volunteers in Service to America (VISTA)

Volunteers may be assigned to work with program for migrant farm workers.

In addition to the specific legislation described above, a number of food and nutrition laws, while not written specifically to include migrants, have by regulation, interpretation or practice, included the migrant family among those eligible for authorized services. These include:

1. Food Stamp Act of 1964

While the original Act did not mention migrants specifically, the Act could provide assistance to migrant families as low income individuals. The new Food Stamp Act of 1977 eliminates the purchase requirement and simplifies the certification process making migrant participation more likely.

2. Child Nutrition Act

This Act provides low cost or free food services in schools, day care centers and other institutions caring for children.

3. Special Supplemental Program for Women, Infants, and Children (WIC)

This program provides high protein supplements to eligible mothers, infants and young children.

All of these food and nutrition services are operated by the Department of Agriculture.

Ten states were identified as having specific legislation to provide services for migrant families. (3)

1. CALIFORNIA

Education: County school superintendents are given authority to provide emergency elementary education and teachers for migrant children. Transportation or its equivalent in room and board, may also be provided. Authorization for expenditure of funds for portable classrooms is also given.

2. COLORADO

Education: Authority is granted to the State Board of Education to administer a program in migrant education. The cost is to be shared by the state and the district. The law provides for additional teachers, supplies and transportation. Buildings may be rented or built if use of existing facilities is not feasible. Summer school programs may be entirely funded by the

the state. Attendance at regular schools is without regard to residence and compulsory. Attendance at summer schools may be voluntary or compulsory at the discretion of the school district.

3. FLORIDA

Education: Non-resident tuition payments are waived for children whose parent, parents or guardian is a migratory agricultural worker.

4. IDAHO

Education: A special levy is authorized for schools in districts serving migrant children.

5. ILLINOIS

Education: Migratory children are specifically included in programs authorized to increase educational services to educationally disadvantaged children.

6. MASSACHUSETTS

Education and Health: The Department of Health is authorized during inspection of sites for a farm labor camp to determine what educational and recreational facilities may be available for migrant farm workers and as far as is practicable to encourage the development of such opportunities with local and state agencies.

7. MINNESOTA

Health: Insurance must be provided for non-resident migrant labor who work in the processing of agricultural products.

Welfare: A migrant family specifically qualifies for consideration for aid under the Emergency Assistance Act (Minnesota) and may also receive medical assistance under some circumstances.

8. NEW YORK

Day Care: Day care programs are authorized for children of migrant farm workers and administered by the Department of Agriculture and Markets.

Education: Aid to school districts providing summer schools for migrant children is authorized.

9. OREGON

Education: Summer education programs for migrant children are authorized.

10. TEXAS

Education: Migrant children are aided by the Texas Foundation School program which provides additional aid to the school for a child who is "educationally handicapped." Such handicap includes the inability to comprehend the English language and being a member of a family whose income, according to standards set forth by the State Board of Education, is at or below a subsistance level.

Delivery of Services

Programs serving migrant children and their families have been developed, for the most part over the past fifteen years. Each program has its own enabling legislation, is the responsibility of one or another of four major Departments of the Federal government and is administered by one or more of some fifteen Federal Bureaus, Branches, Divisions or Agencies. Before they reach the migrant child these programs are subject to such additional standards, regulations or licensing requirements as may be set forth by individual states or local governments.

Eligibility criteria vary from program to program. Even the precise definitions of a migrant child differ from program to program. Further, some administrative units opt for modifying existing eligibility criteria. For example, the California State Education Agency serves only current migrant children, although former migrants are eligible under the legislation. To add further to the confusion, the same type programs, day care, for

example, may operate under varying eligibility criteria depending on the funding source.

There is overlapping, also, in the provision of services. The ESEA, CETA, Head Start under IMPD and state agencies are authorized to provide child care. Likewise, all these can provide health care or purchase it on a fee-for-service basis from migrant health projects or other local sources. All may employ outreach or community liaison workers whose task is to recruit, enroll and otherwise maintain contacts with the child and the family. There are at least three different systems for maintaining health records and referrals.

The following brief review of the provisions of the legislation or guidelines and regulations governing major services to migrant children serve to emphasize that no consistent or coordinate approach has been achieved in the delivery of services to migrant children.

THE ELEMENTARY AND SECONDARY EDUCATION ACT, Title I, Migrant Amendment

Purpose: To provide supplemental education to children of migrant farm workers and migratory fishermen.

Definition: A migrant child is one who has moved across school district lines within the past calendar year with his family, a member of which was seeking work in agriculture or related food processing. Work on dairy and poultry farms and fishing is included. An eligible child remains eligible for up to five years after the family ceases to migrate.

Ages Served: Five through seventeen, inclusive, However, in certain cases, services may be provided from infancy through age twenty-one.

Services Which May Be Provided: Instructional, health, nutrition, clothing, transportation, cultural programs, psychological services and child care for siblings of enrolled students.

Administered By: Migrant Programs Branch, United States Office of Education, Department of Health, Education and Welfare.

Method of Delivery: Grants are made to state education agencies on the basis of an approved plan. The state

may contract with local school districts or other public or private non-profit groups or may operate the program itself. Programs may be operated through a coalition of states also.

Funding Level for Fiscal Year 1977: $130,000,000; FY 1978, $146,000,000.

HEAD START: ECONOMIC OPPORTUNITY AND COMMUNITY PARTNERSHIP ACT OF 1974

Purpose: The Indian and Migrant Program Division of the Office of Child Development receives its mandate under this Act to mobilize resources for the care or preschool migrant children.

Definition: Migratory seasonal farmworkers are persons who (a) left their homes temporarily overnight to do farm wage work in a different county within the same state or in a different state with the expectation of eventually returning home or (b) had no usual place of residence, and did farm wage work in two or more counties during the year. Below poverty level income is required for eligibility.

Nonmigrant farmworker children may be incorporated into programs, but the program is targeted to the migrant group primarily.

Ages Served: Infancy through age five.

Services Which May Be Provided: Head Start developmental services--child development activities, nutrition and health services, parent education and transportation.

Administered By: Indian and Migrant Programs Division, the Office of Child Development, Department of Health Education and Welfare.

Method of Delivery: Grants are made to public or private non-profit agencies. Several program models are used: Local models include the purchase of slots in existing Head Start facilities in the community or the operation of separate facilities for migrant children. National programs include the prime grantee model and the network model. The prime grantee operates in areas where field work seasons are of several months duration. The network model operates in both home base areas and in up-

stream states with attempts to facilitate enrollments of the same children at succeeding work sites.

Funding Level for Fiscal Year 1977: $6,000,000; FY 1978: Undetermined.

THE HEALTH ACT OF 1975

Purpose: To support planning, development and delivery of high quality health care services in rural areas for migrant and seasonal farm workers and their families.

Definition: A migratory worker is an individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last twenty-four months and who establishes for the purposes of such employment a temporary place of abode.

Ages Served: All the family of eligible workers.

Services Which May Be Provided: Migrant health centers and projects to provide a comprehensive range of diagnostic, therapeutic and follow-up medical services. Dental, health counseling and outreach services, referrals and environmental and preventive services may also be provided.

Administered By: Office of Migrant Health, Bureau of Community Health Services, Health Services Administration, Public Health Services, Department of Health, Education and Welfare.

Method of Delivery: Grants to public or private non-profit organizations for program operation; to States for activities related to environmental health standards, pesticide control and field sanitation. Programs are approved only for high impact areas where the migrant population remains two months or longer.

Funding Level for Fiscal Year 1977: $30,000,000; FY 1978: $35,000,000.

COMPREHENSIVE EMPLOYMENT AND TRAINING ACT, Title III, Section 303

Purpose: To offer alternatives to agricultural labor and to improve life style of farmworkers remaining in agriculture.

Definition: Workers and their dependents who for twelve out of the last eighteen months preceding enrollment earned a majority of their income from farmwork and whose income is either below the poverty level established by the Office of Management and Budget or receive cash welfare payments are eligible.

Ages Served: Primarily adult workers, but some services are available to families and children.

Services Which May Be Provided: Manpower services, on-the-job training, classroom training (GED) and vocational and occupational training and work experience. Supportive services which are available to families include health, medical, emergency assistance, relocation assistance, nutritional services, transportation, legal aid and child care up to age five.

Administered By: Division of Farmworker Programs, Office of National Programs, Employment and Training Administration, Department of Labor.

Method of Delivery: Grants are made to private non-profit organizations, colleges and universities (HEP and CAMP), or CETA, Title I prime sponsors (usually local government units, a consortia of such units or a State). Prime sponsors may contract to other groups.

Funding Level for Fiscal Year 1977: $63,000,000; FY 1976: $63,000,000.

FACILITIES

Facilities for programs serving migrant children vary from community to community and program to program. Suitable space is frequently difficult to obtain. This is especially true of those seasonal projects which may need to operate only a few weeks out of each year.

In general, education programs, operated under the ESEA, are apt to be well housed and equipped, since they are usually operated in the facilities of the local school district. Dependence on local school facilities often means that programs must conform to regular school schedules. Summer programs are frequently scheduled to close several weeks before the opening of the fall school term in order to facilitate the maintenance

schedule of the school district. In other cases, local districts refuse to participate in the programs and, therefore, the facilities are not available.

Facilities for child care programs are most difficult to find. In most states these facilities must meet state licensing requirements and local fire and safety standards. Centers receiving federal aid may also be expected to meet the Federal Interagency Day Care Requirements. Exclusive use of space is usually required so that multiple use of buildings is not desirable.

Child care centers seen during the course of this study utilized a variety of building. One was in a county fairgrounds, another in a renovated room of a labor camp barracks, several were in modern church education buildings. One cared for infants in a church sanctuary. And another was in a religious retreat house. Most of these centers were well equipped to provide a stimulating child development program.

In one area where the migrant child population was not large enough to justify the operation of a center, the children were placed in supervised homes in the community.

Health services facilities depend in part on the type of services to be provided. Some clinics utilize the regular facilities of the county health department. Others occupy facilities in multiple purpose farm worker service centers. Still others build or buy or rent space in existing buildings. Some use of mobile units are made, but these are generally backed up with permanently located clinic facilities.

In California, where private, non-profit corporations are major grantees of migrant health funds, several modern facilities have been built with Hill-Burton Funds. These serve, of course, as general rural health clinics for all the population on a fee-for-service basis. They, unlike some county medical facilities, have the advantage of being able to locate nearer the population to be served.

Mobile units have had mixed results. The U.S. Public Health Service concludes that "The effectiveness of mobile units is limited to highly specialized kinds of activity such as X-rays or dental services and to general health maintenance/preventive services such as screening, immunizations, examinations, health education, etc. The

mobile unit must be small enough to be readily towed or easily maneuvered on the roads where it is to be used. ... Mobile units should be used in situations where they supplement the services of a more comprehensive health service system and adequate backup services exist or can be provided." (4)

Staffing

Perhaps the most controversial of all aspects of migrant child services is the quality of staff used. Programs, in general, adhere to professional standards generally required for their particular discipline. Additional qualifications related to knowledge of the culture or the migratory life style are largely a matter to be decided by the employing project.

Migrant education programs use regular certificated staff and, to a major extent, staff already employed or available in the district. However, there are exceptions. One principal in Delaware emphasized that they had brought in the best persons from wherever they were available and had not relied on the school's year round staff.

Many migrant education programs provide a limited pre-service (one or two days) and some on-going in-service training. However, there does not appear to be any appreciable change in staff development programs from those reported in a survey made by Karolyn Gould in 1972. (5) It was found then that pre-service and in-service programs concentrated on administrative details and on basic teaching skills rather than on the development of special skills or knowledge which would improve their performance with migrant children specifically. Because of the tendency to follow regular district staffing patterns ethnic composition of staff often represents that of the local community rather than the predominantly Black or Hispanic composition of the students.

There is some use of the migrant population or of former migrants as classroom aides or community/family liaison workers.

Child care staffing follows no particular pattern. Staffing is to a great degree, determined by State regulations or by the funding source. Most child care operators at least subscribe to the concept that care should be developmental, not just custodial. At least the director

and/or head teacher will be qualified to direct such a developmental program, with or without supervision from the funding agency.

Some states are providing opportunities for those engaged in child care to qualify for a Child Development Associate certificate. This is a performance based certificate developed by the Child Development Associate Consortium, a coalition of private child-serving agencies, with funds from the Office of Child Development.

The Texas Migrant Council, a major grantee of the IMPD Head Start programs, employs home-based farm workers on a year round basis to staff their network of centers. The winter months are spent in the Texas based centers. During the summer the staff moves into various midwestern locations where seasonal centers operate only for a few weeks. The staff is provided with in-service training. Some have qualified for their CDA certificate.

On the East coast there appears to be greater reliance on the use of local young women. Some do have a farmworker background. As in education, the staff of the centers on the East coast appeared to be more representative of the local population than of the predominant minority children in the centers.

One New York center was utilizing Foster Grandparents as volunteer staff. There appeared to be, otherwise, a very limited use of community volunteers in any of the child care or education programs visited.

There is a major problem in the retention of staff for short term programs, especially those which extend beyond the opening of the fall school term. Students and teachers return to the classroom and really qualified staff usually require permanent employment.

Specialized staff, such as nurses, appear to be readily available in most communities to work on a part-time basis in both schools and child care facilities. However, most appear to be only English speaking and largely white.

Staffing ratios in relation to the number of children is usually set by state standards and licensing requirements or by the Federal Interagency requirements. These are sometimes difficult to maintain because migrant centers usually have continuous enrollment. Children

come and go as they move in and out of the community. Centers visited this summer appeared to have more than adequate staffing, in most instances. In one case there were eleven for twenty children (no infants). In another, there was, at least, one adult for each four children, plus additional administrative and support staff. Much the same appears to be true in education where extensive use is made of aides and special support staff.

Staffing of rural and migrant health clinics is perhaps the most difficult of all. The lack of doctors to serve in rural areas throughout the nation is well known. The limited number of doctors in the areas where migrants move are not a dependable resource for migrant health services.

Even when funds and clinic facilities are available, recruitment of doctors is a problem; retention, an even greater one. The turnover rate is high. The United Health Centers, a non-profit Corporation which operates rural health clinics with migrant health funding in California, reported that they are able to keep doctors for only two to four years even though they pay salaries comparable to other public health and professional jobs.

The National Health Service Corps has been of some help in filling this gap in available medical personnel. But Corps physicians are required to stay no more than two years. In some areas, nurse practitioners and physician assistants provide routine and emergency care.

Nurses and other medical personnel seem to be more readily available. Also this personnel is more apt to be from minority populations and bi-lingual.

Staffing patterns, of course, vary. Clinics offering full-time comprehensive services will have full medical staff much as the United Farm Worker Clinic in Delano, California, which has a staff consisting of one doctor, several nurses, an administrator, X-ray technician and medical librarian. The Clinic also has a part time psychiatrist available, as well as access to a plastic surgeon. The United Health Centers operate in five California sites with a staff of five doctors, three nurse practitioners, one nurse practitioner trainee, two registered nurses, two licensed practical nurses, two dentists and one dental hygienist. The clinics are also served by the mobile mental health unit of the

county health department, which includes a psychiatrist and psychiatric nurses and social workers.

At the opposite extreme would be a project which has only a nurse/administrator and outreach workers. Part-time medical staff would be secured for periodic clinics and referrals made to existing medical facilities at other times. Clinics which do not have full-time medical personnel are often limited to hours when doctors are available. This appears to be after regular office hours. Doctors who are available for this kind of work usually commute from a distance. For example, the Marion, Indiana clinic depends on a doctor from Indianapolis, seventy miles away. Evening clinics may run until 1:00 a.m. before all patients are seen. In Orange County, N.Y., the dental clinic uses a dentist from New York City. Apparently, local medical personnel, who have established practices, either do not have the time or the interest to become involved in these projects.

Another major staffing problem in health services is the unavailability of bi-lingual staff. Non-English speaking nurses and social workers may be available in places like California, but doctors often are not. A non-Spanish speaking psychiatrist, on the staff of California's Fresno County Health Department, said he had found the lack of Spanish speaking personnel a handicap to providing therapy to farm workers in the area.

Education programs and child care centers, while maintaining their own nursing staff, also face the problem of finding medical and dental personnel who can carry out treatment and follow-up of needs diagnosed in routine screenings.

Services From the Private Sector

In sharp contrast to twenty, or even fifteen, years ago, is the relative absence of the private sector in delivery of services to migrant children. For more than six decades the Protestant Churches provided almost the only such services. This role has now been greatly diminished and is now scarcely visible. On the other hand, the Catholic Church, which has been less involved in services in rural areas, is now much more visible, especially in East coast areas.

The resources of the Protestant Church Organizations and

to some extent the Catholic, at national and other judicatory levels are primarily committed to support of the Farm Workers Union, to the extent that they have any commitment at all to farm worker needs. There is some evidence that this commitment may not be shared with equal enthusiasm at the local level.

Much of the work of the non-profit sector, including that of religious groups, is as administrators of government funded programs. Non-profit groups related to rural causes, which grew out of the community action movement of the sixties, are found in many states. Some more closely, or exclusively related to migrant and farmworker programs are called Migrant Councils. In general these, and similar, groups are referred to as farmworker organizations. The term is misleading because these organizations are not necessarily operated by or staffed by farmworkers. In fact, among them are to be found some of the prime examples of the new migrant service delivery industry which has developed with the increased availability of government funds for farm worker programs. Some confine their operations to a single area or state. However, a number are operating out of central headquarters, as well as satellite centers of a year round or temporary nature in the same or several other states.

No specific services were found which were operated or provided by the employer. There may well be some localized ones. A few years ago the Minute Maid Division of Coca Cola did develop, on an experimental basis, certain social services, day care and family housing projects.

The United Farm Workers Union was found to be providing very little in terms of services to children at this point. Provisions are being made in contracts for payment by employers of five cents an hour for each worker into a social education fund known as the Martin Luther King Fund. Presently these funds are being used for one day care center in La Paz, the national headquarters of the Union. Another day care center at the Delano headquarters remains closed for lack of funds. Children of all farm workers are served in the Union's clinic in Delano. For a number of years a *Huelga* school for preschool and first grade children was operated in Delano. It was originally set up for children whose parents were involved in the movement. Its curriculum provided a strong emphasis on cultural heritage and Union ideology.

The director, also, saw herself as an advocate for farm worker children in the public school. However, because of a realignment of Union priorities the *Huelga* School has now been discontinued.

Summary

Community services for migrant children have increased considerably over the past fifteen years. However, they are still primarily restricted to those provided by special Federal or state legislation. There appears to be little improvement in the migrant child's participation in overall community services provided by either the public or the private sector to permanent resident children.

Differences in eligibility requirements and definitions of "migrant" and "farmworker" have created confusion and duplication of services. Little coordination is evident at the local level.

School programs are generally housed in regular education facilities, although some communities still refuse to permit the schools to be used in the summer for migrant children. Facilities for day care centers which will meet safety requirements are often difficult to find. Health care utilizes existing facilities, mobile units and in some cases, have built new clinics.

Staffing generally conforms to the professional standards of the discipline involved. Some migrant youth and adults are being employed and trained to work in various professional and para-professional positions.

There appears to be a marked decrease in the involvement of the voluntary sector, especially the Protestant Church, in the delivery of services. However, there has been a sharp increase in the number of non-profit groups which exist primarily to receive and administer government program funds.

No specific employer provided services were identified. The United Farm Workers Union is setting aside funds in their contracts for social services, but currently provide only health services to farmworkers in one area and child care in a small center located at their national headquarters.

Despite the availability of a quarter of a billion dollars annually for migrant and seasonal farm worker services, no real system for the delivery of services to a mobile poverty population exists. What does exists is a hodge-podge of programs with multiple administrative overlays, which are unpredictably funded and carried out on a hit or miss basis.

III. ANALYSIS OF FINDINGS

There has been, clearly, an increase in the quantity of services available to migrant children over the past fifteen years. Many of these services as delivered at the local level are of good quality. Many more migrant children are now accepted and planned for in both regular and special school programs. Many infants and young children are able to spend several hours each day in stimulating, safe environments instead of locked in cars or wandering in the fields or the labor camps. Numerous children are receiving much needed medical care.

But, the delivery of these services is not without problems. It is not surprising that there has been criticism of the administration of migrant programs at almost every level because there was little precedent for designing and operating programs for mobile populations such as farm workers prior to the 1960's.

It is also clear that existing services do not begin to care for many of the persistent needs of most migrant children.

In the course of this study we have attempted, with the assistance of program providers, to identify major problems encountered in the delivery of services, as well as to articulate unmet needs of migrant children.

Problems in Service Delivery

Three major areas of problems have emerged. They are related to community factors, program administration and the nature of the migrant family and its life style.

COMMUNITY FACTORS

As has already been noted, the communities into which migrant children move, often, are unprepared or unable to extend existing services to children whom they feel are only temporary residents. In others, even when Federal funds are available, schools and other agencies are not willing to become involved; some, because they want as little to do with Federal funding as possible and others out of apathy or hostility toward the migrant.

At a meeting of the Interstate Task Force on Migrant Education of the Education Commission of the States in June 1977, Dr. Robert A. Tidwell, a pediatrician from Seattle, Washington, told the Task Force that some communities refuse to provide services to migrants because of the belief that they are taken care of by Federal programs. "Even though," he said, "the nearest migrant clinic or other service may be a hundred miles away."

On the other hand, some community people feel that it is unfair to provide expensive services to migrants and not provide similar services for resident children. Therefore, the enrollment of obvious non-migrant children in migrant day care centers and schools is condoned, if not openly sanctioned. This attitude, plus the desire to bring added Federal revenue into the States, may account for some of the repeated lobbying to expand the eligibility criteria for migrant programs.

PROGRAM ADMINISTRATION

Administrative problems are pervasive at all levels in migrant programs. Some are inherent in the legislative mandates and the administrative regulations. Emerging as major problems in administration are:

1. Personnel
2. Accountability
3. Interagency and inter-state cooperation and coordination
4. Continuity of education and health care (records and referrals)
5. Unavailability and inaccessibility of services
6. Bureaucratic procedures

Personnel

In addition to the concerns for availability of qualified staff previously discussed, there is discontent with the performance of some administrative staff at the federal and state levels. The criticisms are based on what is perceived as their failure to give leadership to the development of effective services and to ade-

quately represent the interests of the migrant child and his family within the bureaucracy.

Migrant programs, particularly seasonal ones, are seen, by some, as providing jobs for the community's otherwise unemployed school staff, who may not be the most qualified or have any special interest in working with migrant children. Migrant programs are also criticized for their heavy staffing with supervisory and specialized personnel. An example of the latter was found in one day care center where it was determined that each of the four agencies responsible for its funding provided a separate program specialist to supervise the center's work.

Others are critical of some program administrators who continue to hold on to what are perceived as "cushy" expense accounted jobs while doing little for the migrant child.

It has been evident for some time that intra-agency tensions and staff rivalry within the United States Office of Education was a problem. There is evidence that this situation, has not only drained away energies which should have been directed toward program administration, but has also hindered the development of migrant programs strategies at the Federal level.

Although retention of staff appears to be a problem, especially in the health field, there appears to be considerable stability in terms of project directors. (See Table 1.) Of fifty-three persons responding to our questionnaire, 41% had had more than five years continuous experience in migrant child programs. Of these 60% had had more than ten years experience. In education projects, 82% of the directors had worked for more than five years. On the other hand, in health projects 61% of project staff responding indicated less than five years experience.

Of the persons responding only ten were from a migrant farmworker background. Of these half were in education and four were employed in farmworker groups in clinics or multipurpose programs, and one in a county health clinic.

Table 1. STAFF EXPERIENCE WITH MIGRANT CHILD PROGRAMS

	Employing Agency N = 53							
			Health		Education		Other*	
Years	N	%	N	%	N	%	N	%
15 or more	4	7.5	0	0.0	2	11.8	2	11.1
10-14	13	24.5	4	22.2	5	29.4	4	22.2
5- 9	12	22.7	3	16.7	7	41.1	2	11.1
3- 4	11	20.8	8	44.4	1	5.9	2	11.1
under 3	13	24.5	3	16.7	2	11.8	8	44.5
Totals	53	100.0	18	100.0	17	100.0	18	100.0

* Multi-purpose agencies, religious, farmworker and other non-profit.

Accountability

Because migrant programs have been subjected to few audits it has been difficult to establish how well the funds are being expended. Requests to the General Accounting Office and the Audit Office of the Department of Health, Education and Welfare for reports on programs serving migrant children which had been completed since 1974 produced only two. Most audits were made of the education programs in the early seventies. However, it is reported that almost half of the states have never had a Federal audit in the ten years they have been receiving education funds.

Both of these current reports indicate that the same problems persist as were found in earlier audits of other states. In a review of these earlier audits by the Lawyer's Committee on Civil Rights and reported in *Inequality of Education*, June 1976, it was found that funds had been seriously misused for ineligible children and for illegally supplanting local services. In twenty audits, according to their analysis, nearly five million dollars were found to have been misspent. Less than one percent had been recovered. (1)

A 1976 GAO report on migrant farmworker programs in Connecticut found that many of the children enrolled in education programs were ineligible. The Office of Education had declared that those high school students who

come with their teachers from other states to work in the tobacco are eligible. The GAO disagreed and ruled them ineligible. It was also found that enrollment records for many did not contain sufficient information for the determination of eligibility for many of those enrolled.(2)

The same report found that weaknesses in accounting procedures made it difficult to determine if funds had been properly accounted for. The Report also found that HEW's funding of two separate grantees to operate health projects in Connecticut had increased the cost of providing health services. (3)

The 1976 audit by the HEW Audit Office of the Arizona Migrant Education Program claimed that of the $6,691,331 allocated for programs from 1971 to 1974, $755,049 were spent on ineligible children. The audit conjectured that the state's failure to reach the anticipated level of achievement was due to the use of these funds for needs of the school as a whole, instead of for specific needs of the migrant child. (4)

The State has disputed this claim and has explained that the program had been designed to intentionally serve the migrant child in the classroom with non-migrant children. This mainstreaming, they believed, would meet the needs of migrant children without using harmful labels. This is a good example of the difficulty of administering this program.(5) Since all migrant education funds are intended to provide supplemental services, it is considered supplanting of regular funds if a non-migrant child utilizes or benefits from services placed in the classroom to serve the migrant child.

Another continuing problem, first identified in 1970 by the report, *Wednesday's Children,* is the failure to utilize funds allocated in a given year and the tendency to hold onto them, thus denying their use in other areas.(6) While there may be, in some cases, extenuating circumstances, this practice obviously denies children of much needed services. Oklahoma reported that it carried over $214,607 from fiscal year 1975, but indicated that they spent this amount plus the total FY 1976 allocation of $643,181 in FY 1976. (7) The Arizona audit revealed a FY 1974 carry over of $601,322 which was about twenty-five percent of the total funds available to the State that year. (8)

Administrators and program managers, for the most part, persist in setting goals and objectives in general and non-specific terms which make evaluation of short-term achievements difficult. In other cases, one may question the stated purposes of programs. A staff member of a Head Start grantee was quoted as saying "If the children develop confidence and go on to do well in school, they will leave the migrant stream, and that's our goal." (9) It is quite obvious that many educators and others who staff programs for migrants have this same goal.

However, other child development persons take issue with such a goal because they believe that it conveys to the child that there is something unacceptable about his family's life style. Instead of developing self-confidence such an approach could further undermine his sense of self-worth.

Adequate procedures for evaluation of programs do not exist. While there is some monitoring by funding agency staff, most evaluations still continue to be carried out by the program grantee and provide little objective data. All the education evaluations reviewed followed distinct designs, making it impossible to pull together any consistent analysis of results across state lines.

As the question of testing becomes, once more, a controversial headline in the education community at large, migrant children are apparently becoming the most tested children in the Nation. The Migrant Student Record Transfer System has recognized at least twenty different tests which are administered to migrant children in the various states. One state evaluation report includes data which would indicate that as many as fifteen different testing devices were used by migrant schools in that one state alone.

Administrators, under pressure to produce results to retain funding, pre and post-test even in six week summer schools. One reliable source told of a summer school which spent three of its six weeks in such testing.

Similarly, we are beginning to question whether the same may be happening in the health area. Nurses we talked with in day care centers and schools placed emphasis on routine screening which is usually required in these programs. It is quite possible that children enrolling in several programs during the course of a year receive

repeated screenings but little treatment and corrective action. Arizona reports that in 1976 they were able to provide treatment for four times the number of children as during the previous year. Even so, only 20% of those children screened in school programs are receiving follow-up treatment if required. (10)

Coordination

Legislative mandates have been separately developed over the years and the Federal government has been unable to implement a workable plan for inter-agency coordination. A proposal for an Interagency Committee was drawn up under the previous presidential administration but never implemented. It would have placed the responsibility in the Office of Management and Budget. (11)

Administrators at the Federal level appear to have only limited communication and more rarely any kind of joint planning. Although cooperative efforts are required by the education legislation, such efforts appear to be the exception.

We did find in Delaware that Title I, migrant programs, and Head Start had pooled their resources to purchase slots in existing day care programs in that state. On the other hand, staff of both education and Head Start programs complained that health projects charged them regular fees when they took children for care. One health project director explained that this was true because the child and his family must be certified by the clinic as eligible in order to receive free or reduced rates. But, in any case, it was indicated that the services were provided at a lower rate than would have been available from a local doctor.

Continuity

Of concern to almost all program personnel is continuity of care and education. Medical personnel see patients who need further treatment and follow up simply disappear with no way to trace them. Educational programs are interrupted as families move on. Several attempts have been made to provide continuity. These have included adoption of the same curriculum, exchange of teachers, mobile staffing patterns, record exchange and referral systems. The most recent one is an attempt to exchange high school credits between states.

No single one of these has met with any great amount of success. The most expensive, and the most controversial, has been the Migrant Student Record Transfer System, a computerized data base operated for the states by the State Education Agency of Arkansas in Little Rock. The System requires the schools enrolling migrant children to submit information to the System for enrollment on the computer. Each child has an identifying number. Once enrolled, the child's record can be requested by other schools in which he enrolls. Each time the information is to be up-dated and returned. One hundred sixty terminals for the System are located in project states and in Puerto Rico.

From the beginning the System has been plagued with problems, both technical and human. The record form, itself, has been revised several times because either the health or education data which it had been designed to transmit was found to be unreliable or unusable. Questions have also been raised about the protection of privacy and whether parents really know that their child's records are available for transfer around the country. Another basic question is whether such a record system fulfills any useful educational function.

Increasingly local school personnel have rebelled against the use of the System because of the time involved and because they do not receive information either in time to be useful or they find that there is no useful information on the form.

The MSRTS, despite these weaknesses, is now being used as the basis for determining the population to be served and hence the funding available to educate migrant children. This has spurred on the numerous recruitment efforts found throughout the states visited.

The study of migrant child welfare services, recently completed by InterAmerica Research Associates for the Department of Health, Education and Welfare, was sharply critical of the MSRTS and called for it to be discontinued if there is not a satisfactory improvement within two years. (12)

The Migrant Health Referral Project is an effort to provide follow-up for health projects in the midwestern and eastern states. This is a fairly new effort and still in the process of evolving. However, it does not have the

support of at least one official in the migrant health office of the U.S. Public Health Service who said that he does not believe such records or referrals are necessary.

Unavailability and Inaccessibility of Services

Local program personnel expressed concern about the unavailability of services to large segments of the migrant population. There is no way to document how many eligible families are receiving no services at all. Because migrants live in isolated rural areas and do not have access to transportation, normal community services, although available, may be inaccessible.

Bureaucratic Procedures

A troublesome problem for both service providers and the migrant family is the multitude of forms required. Because there is little coordination, each agency has its own forms which often require parents to supply identical information for each one. However, coordination may not always provide an acceptable solution either. It has been reported that the State of Washington consolidated all its forms for migrants into a single one which came to nineteen pages, and is reported to require an entire day to complete. (13)

Staff of one Head Start Center showed us nine possible forms for their use. One was a nine page health form. Another was a five page developmental record. In a continuous enrollment center such as most migrant centers are, it becomes a major burden on the staff to complete the necessary interviews and tests for children who come and go after a few days. Further, the value of the information may be questioned if there is no means for follow-up or referral to another center.

It is an equal burden to the parents who cannot be expected to remember all the information required. Such records as birth certificates, pay stubs and immunization records may not exist, much less be available. Each time the family moves and wishes to enroll the children, they must be recertified and re-enrolled.

Licensing requirements are often a barrier to the development of child care programs. It is difficult, if not impossible, in some areas, to get approval for the type of space which may be available on a temporary basis. While observations of existing migrant day care would indicate that some states are not strictly enforcing their

regulations, other centers have been unable to get a license. One example encountered was a group of centers in Indiana operated by the Texas Migrant Council with Head Start funds. They have never been licensed although they have been in operation in the state for a number of years and have applied for a license. This year there were threats that they would be closed. They did, in fact, lose thousands of dollars worth of food commodities from the Department of Agriculture because they were not state approved. The irony is that these particular centers are located in some of the best facilities anywhere in the nation.

FAMILY RELATED PROBLEMS

Children from migratory families bring with them a variety of educational, health and psychological problems. These have been identified more specifically in terms of poor educational experience and performance, poor motivation and attendance, lack of self confidence, general health problems, and poor nutrition. Health service personnel often identified parents as being a serious problem in the delivery of services. They were described as being "apathetic, ignorant, and poorly involved in the care of their children."

Other recognized problems arise because of either limited oral language and communications skills or because bilingual staff are not available. Culture based practices such as home cures, folk medicine, and reliance on the *curandero* for medical care were seen by some health providers as barriers to the delivery of good health care.

Surprisingly at least two problems traditionally associated with migrant children--mobility and child labor, were rarely mentioned. Requests for information regarding child labor revealed that, by and large, agency personnel had little specific knowledge. Yet, a 1977 report of the American Friends Service Committee on child labor in commercial agriculture documents the continuing presence of children in the fields. (14) And in October 1977, the United States Congress lowered the legal age at which children can work in the fields outside of school hours from twelve to age ten. (15)

Mobility was seen, primarily, as an interruption of services which made it difficult to follow through in traditional ways. Some emphasized that Americans are a

mobile people and that a lot of children move during the year. Rarely was mobility articulated as a prime cause of the migrant child's problems or recognized as the basic reason for the establishment of special services.

One person interviewed raised the possibility that the present methods of delivering services to migrant families may be destroying a valuable asset--that of the natural provider. Day care centers are replacing the grandmother or other friend of the family who cared for the children. These persons cannot get approval to care for children in their homes because they cannot afford to meet the state regulations for home care. Mental health and counseling services may be replacing the natural counseler within the group to whom everyone traditionally turned for advice.

Although most migrants come from minority cultures, there was little indication that services had been designed to benefit from strengths of these cultures.

Sixty program providers responded to the question, "What are the major problems you encounter in providing services to migrant children?" More than 140 separate problems were articulated. Almost a third were mentioned only by one agency. The problems described have been categorized, where possible, and charted in order of frequency of mention. (See Table 2.)

The frequency with which parents were seen as a problem to the delivery of services is striking. Problems related to parents were mentioned almost twice as often as any other and accounted for almost half of the total problems mentioned by health service agencies. This may well be because parents are a key to much of the follow-up medical treatment which must be carried out at home. The failure of any health agency to mention health problems of the child as a barrier to the delivery of services may indicate that they feel confident to deal with these problems. On the other hand, educators saw health problems as a major deterrent to education services.

The failure of educators to indicate recognition of problems related to the migrant life style and cultural background supports our earlier contention that many program staff are unaware of the root causes of the migrant child's problems in functioning and learning in the mainstream of our society.

Table 2. MAJOR PROBLEMS REPORTED
Type of Agency Responding

	Health N = 19		Education N = 23		Other N = 18		Total N = 60	
Problems	N	%	N	%	N	%	N	%
Parents	17	48.5	3	7.9	2	6.1	22	20.7
Staffing	2	5.7	6	15.8	5	15.2	13	12.3
Community[a]	1	2.9	4	10.5	8	24.2	13	12.3
Continuity	1	2.9	4	10.5	8	24.2	13	12.3
Migrant life style[b]	7	20.0	0	0.0	2	6.1	9	8.5
Psychological (child)[c]	0	0.0	9	23.7	0	0.0	9	8.5
Health (child)[d]	0	0.0	7	18.5	1	3.0	8	7.6
Coordination	3	8.6	1	2.6	3	9.1	7	6.6
Cultural Background[e]	4	11.4	0	0.0	1	3.0	5	4.7
Unavailability of services	0	0.0	1	2.6	3	9.1	4	3.6
Poor educational experience	0	0.0	3	7.9	0	0.0	3	2.9
Totals	35	100.0	38	100.0	33	100.0	106	100.0

[a] Apathy, paternalism, no facilities, grower opposition, lack of commitment.

[b] Mobility, housing, inaccessibility to services, transportation, sanitation.

[c] Attitudes, goals, self-concept, poor social development.

[d] Drug and alcohol abuse, parasites, lead poisoning, malnutrition, poor health habits.

[e] Language, home cures and folk remedies.

Unmet Needs

Despite increased and improved services there remain many unmet needs. Migrant child services are not yet comprehensive, nor universal to the total population. While individuals have been helped, no single service can yet lay claim to having eliminated or eradicated, to any significant extent, any major area of need.

Parents, interviewed in the HEW study on migrant child welfare, indicated that their needs, in order of priority, while traveling, were housing and day care and then education. At home base the priority need was housing and then education. Concern was also frequently expressed about employment and paying bills. When asked what new services they would like, the major interest was in health care, education reform and day care for infants. It is interesting that health care emerged in this listing because interviewees had previously indicated they were satisfied with the health care they were receiving. It was concluded that, perhaps, they were not thinking of more preventive care rather than just care when something went wrong. (16)

In preparation for this report, program providers were asked to articulate the major unmet needs of migrant children. (See Table 3.) The most frequently mentioned needs were related to education. The second, most frequently mentioned category, was health. Only two of the sixty respondents mentioned day care as a need and only one, the need to end child labor. No one mentioned records and referrals as an unmet need while in interviews this emerged as a major concern.

About one-third of the health needs could be identified as preventive in nature--immunizations, better housing, sanitation, health education, and dental care. Nutrition was the most frequently mentioned single need. Oral and written language was the most frequently mentioned specific education need.

In replies from sixty program providers more than 150 separate needs were listed. These have been categorized in so far as possible and charted according to their frequency of mention. (See Table 3).

Needs Assessment studies have been completed by the state education agencies in Florida and Arizona. They provide

some population and needs data on the children in those states. The studies attempted to compare migrant, former migrant and non-migrant children in several areas. The results confirmed previous findings of depressed self-concept and academic disadvantage that increases with age.

The study in each state showed that many migrant children have serious deficiencies in gross and fine motor skills such as cardio-vascular endurance, balance, hand-eye co-ordination and digital coordination. (17)

Table 3. MAJOR NEEDS REPORTED

Type of Agency Responding		Health		Education		Administrative[a]		General[b]		Total	
N = 60	N	N	%	N	%	N	%	N	%	N	%
Education	23	12	33.3	18	56.3	8	61.5	9	47.4	47	47.0
Health	19	15	41.7	6	18.7	2	15.4	2	10.5	25	25.0
Other	18	9	25.0	8	25.0	3	23.1	8	42.1	28	28.0
Totals	60	36	100.0	32	100.0	13	100.0	19	100.0	100	100.0

[a] Coordination, adequate funding, assessment, accessibility.

[b] Adequate income, housing, recreation, self-concept development, less mobility, clothing, end of child labor.

Impact Of Services On The Needs of Migrant Children

Although there continue to be unresolved problems and unmet needs, a paramount concern is the impact of existing services on the lives of children.

Fifteen years ago there were no federally funded programs for migrant children. Only five or six states authorized expenditures specifically for this purpose. But in FY 1977 more than a quarter of a billion dollars was spent for categorical programs and an unknown amount in general service funds by the Federal government alone.

Yet, there are no reliable measurements of effectiveness. The migrant farm labor system is so complex and so unstructured as to defy attempts to accurately define its

composition or even to enumerate its population. Conflicting and changing eligibility criteria for categorical programs make it virtually impossible to collect data and report in any consistent manner. Further, many children receiving services are of doubtful eligibility. And non-categorical programs often do not identify recipients by migratory status.

Lack of continuity and follow up have made it difficult to measure outcomes of educational or health efforts. Educational testing, while frequently showing gains over short periods, has not been designed to show gains over the long term. There are no longitudinal studies of any group which have attempted to document progress.

The United States Office of Education, Office of Planning, Budgeting and Evaluation has contracted for a large scale study of migrant education programs funded under Title I of the Elementary and Secondary Education Act. The study has three components. The first will compile a personal characteristic profile of 7,000 children. Two thousand children each in grades two, four and six will be pre-tested in January 1978 and post-tested one year later and a complete education history compiled.

The second part of the study will validate the Migrant Student Record Transfer System as used for current funding purposes of the ESEA.

The third component is the preparation of an evaluation handbook. A representative of the research firm holding the contract for this study, Research Triangle, of North Carolina, said this will take years to complete, while the balance of the study is scheduled for completion in June 1980.

During the first eighteen months of planning the contracting firm spent $800,000. The balance of the study is expected to cost an additional $2,500,000. No interim data will be available. Thus the first profiles on the migrant child population will not become available until more than 14 years after initiation of the ESEA program for migrant children.

A second study of the ESEA migrant programs is being carried out by the National Council of La Raza. Their study is funded by the Carnegie and New World Foundations. It is primarily designed to look at compliance rather than educational impact.

A third study, currently underway and funded by HEW is seeking to document the linkages between housing and the health of migrant and seasonal farmworkers.

A sub-panel on migrants and seasonal farmworkers of the President's Commission on Mental Health was appalled at the lack of data available when they began their work. As a result they have had to spend several months documenting the conditions of migrants and farmworkers, in general, and the status of services available to these people.

Available statistics are of limited value in determining impact. Each is based on estimates or records of varying reliability. And because of the inconsistency of eligibility criteria across program lines it becomes impossible to sort out how many migrant children were actually served, much less to determine the scope of the services provided. A child who receives one free lunch may be counted the same as one who received full nutrition services for the entire year.

The Chief of the Migrant Branch of the U.S. Office of Education said that they make no attempt to determine the total number of the population which may be eligible for supplemental education funds. They use only the number of children identified on the MSRTS. As of October 19, 1977 this figure was 530,000.

Other agencies have attempted to identify their eligible target population. Using their own estimates it may be concluded that:

Head Start Migrant Programs serve about 1% or 6,000 migrant children.

Migrant Health Programs serve 15% or 450,000 migrant and seasonal farmworkers and their children. They estimate that 700,000 of the migrant population, alone, are eligible for their services.

The Comprehensive Education and Training Act (CETA) Migrant and Seasonal Farmworker Program served 10% of their target population of whom 36.6% were under age eighteen or a total of 24,000 persons.

The HEW study of migrant child welfare reported on services in twelve states. Some of their findings in-

dicate the difficulty of establishing impact on a statistical basis. The following are excerpts from the HEW study:

> ESEA Title I Migrant Programs in Texas served 65,395 children in 1975-76 out of an estimated eligible population of 105,000.
>
> In Washington state, 29% of the children enrolled in migrant education projects received health treatment; 22% health screening and 21% dental care.
>
> Migrant Health Programs in North Carolina estimate they reach 80% of the population with some health care. Education programs reach 95%.
>
> Of children enrolled in school and day care programs in the twelve states studied, 51% received free breakfasts at home base; 56% in-stream. Free lunches were provided to 74% at home base and 69% in-stream.

In response to a request to rate the effectiveness of their own programs in meeting their goals it was found that service providers overwhelmingly believe in the effectiveness of what they are doing and highly rate their success in meeting their goals. (See Table 4.)

Table 4. RATING OF PROGRAM GOALS ACCOMPLISHMENT

	Type Agency Responding N = 52							
	Health		Education		Other		Totals	
Ratings	N	%	N	%	N	%	N	%
Excellent	4	23.5	4	36.4	9	37.5	17	32.6
Good	11	64.7	7	63.6	13	54.2	31	59.7
Fair	2	11.8	0	0.0	2	8.3	4	7.7
Poor	0	0.0	0	0.0	0	0.0	0	0.0
Totals	17	100.0	11	100.0	24	100.0	52	100.0

Providers were also asked to indicate whether their experience would indicate that migrant services were making a significant impact on the needs of children. Again the response was overwhelmingly positive. (See Table 5.)

Table 5. IMPACT OF SERVICES ON THE MIGRANT CHILD

Type of Agency Responding
N = 50

	Health		Education		Other		Totals	
Responses	N	%	N	%	N	%	N	%
Yes	12	80.0	12	100.0	18	78.0	42	84.0
No	0	0.0	0	0.0	5	22.0	5	10.0
Do not know	3	20.0	0	0.0	0	0.0	3	6.0
Totals	15	100.0	12	100.0	23	100.0	50	100.0

Each respondent was also asked to submit data to support his answer. Of those who responded "yes" forty percent did not submit any data. Likewise, forty percent of those who responded "no" made no statement in support of their answer. Several of the "yes" respondents qualified their answer with comments such as "not significant," "reaching too few," "just the tip of the iceberg." However, with the exception of three or four responses most supportive data was generalized and non-documented.

The failure of most respondents to supply specific and documented data appears to confirm our earlier observation that most programs do not have enough data to make sound evalutions. Nevertheless, it may be of value to note some of the ways in which program providers believe impact is being made on the needs of migrant children and the problems of farm labor.

Health Agencies indicated that:

1. There is a decrease in incidence of measles, mumps and dental caries.
2. Children in WIC programs maintained adequate hemoglobin counts over a period of a year.
3. New facilities are available.
4. The infant mortality rate is lower.
5. The elective surgery budget has increased.

6. Screening is more widespread.

Educators indicated evidence:

1. Of personality and academic development.

2. Of growth in school enrollment in one state from 837 in 1967 to 12,651 in 1977.

3. Of 4,279 high school graduates nation-wide.

4. Of 400 high school graduates in one state (65% were former migrants).

5. That children are "coming out of the fields."

6. That three and four year old who go to pre-school perform at grade level to the fifth grade.

7. That the drop-out rate has been reduced because of health care, availability of clothing, parent involvement, counseling.

8. Number of children identified has tripled because of better recruitment.

Those who believe services are not making an impact gave the following to support their position:

1. Schools are a "political candy bar, divied up to cover lag in summer employment of local school people."

2. Food service ignores cultural and ethnic desires.

3. Three or four decades of charitable approach have not changed the basic problem.

4. Programs are not funded sufficiently to reach deep enough.

5. Needs are being ignored.

Summary

Those who have worked with migrant children over a period of ten to twenty years, as had 32% of the respondents

to our questionnaire, see services now where there were none a few years ago. But, some are discouraged with the lack of visible progress. One religious leader was extremely critical of what he perceived as the dependency creating programs offered by the churches over the past few decades. He sees unionization of farm workers as the only solution.

A clinic director lamented the absence of any long term studies, but observed that health education was now paying off. Some families have learned to recognize early symptoms of illness and seek care before it reaches a crisis stage. Others share the belief that children found participating in community services are an elite group of farm worker and crew leader children who are the most responsive and have learned the value of such services.

Still others are of the opinion that the most able move out of the migratory labor force as soon as possible, leaving the least able. In any case, there are other poor and oppressed people who move into the migrant labor force. These appear to be, increasingly, non-English speaking persons from Mexico. These newcomers, whether having legal status or not, are apt to be easily passed over by community services and exploited by crew leaders and others who prey on the most helpless.

But the lack of conclusive impact data does not necessarily imply services are totally ineffective, nor that they should be discontinued. However, the sharp contrast between the visible changes in the burgeoning migrant service industry with its computers, its mobile units, specialized curriculum, nation-wide conferences in resort hotels, public relations films and brochures and expense account executives and the almost imperceptible change in the lives of migrant children, who continue to live in crowded, environmentally unsafe housing, always in poverty and suffering the deprivations that that entails, does raise serious questions about the ability of current approaches to intervene in the problems of migrant children.

IV. ISSUES

In order to effectively intervene in the needs of migrant children certain basic issues related to the development and delivery of community services must be identified and dealt with.

These issues require both short range and long term action. They relate to the development of public policy which will lead to basic change in the migrant farm labor system and to the design and delivery of services.

Our concern must be, not only for those children presently caught up in the System and suffering deprivation because of it, but for the prevention of damage to future generations of farm worker children.

A major weakness in current efforts stems from the failure to identify needs and develop policy before services were designed and implemented. Such failure has led to the present chaotic attempts to provide migrant services.

Several issues require immediate attention because of impending changes in legislation or government reorganization. They are:

1. CENTRALIZED ADMINISTRATION OF MIGRANT FARMWORKER PROGRAMS

The need for coordinated planning and administration of migrant farm worker programs is urgent. A number of proposals have been made and some action is contemplated in President Carter's reorganization process. Most previous proposals would have attempted to coordinate the services as currently lodged in various departments of the Federal government.

Because of the diversity of the present legislation and the inconsistency in eligibility criteria and definition of the target population, successful coordination under present legislative mandates seems unlikely.

If a specialized agency for migrant affairs were established, a fresh new approach might be possible. However, there is danger that without a substantial national commitment to deal with the farmworker situation it would have limited visibility and impact.

Would it be more effective to leave administration of programs in the separate departments at the national level and place the emphasis on coordination at the site of delivery in the local community? This would require a greater compatibility of eligibility criteria than at present, but would make it possible for a local provider to package a comprehensive program for the entire family.

2. EXTENSION OF COVERAGE OF THE ELEMENTARY AND SECONDARY EDUCATION ACT

The ESEA currently provides for supplementary services for migrant children from age five to seventeen. Because some states provide non-income generating day care for younger siblings of school age children, migrant educators are pushing for the lowering of the age for coverage to infancy. Such a move has the support of the National Education Association which has proposed comprehensive coverage to include all education programs from birth up to and including adult education.

Given the public school history of scheduling even special services, such as summer schools, to fit the school calendar and the staff work day rather than on the child's needs for protection and care, is it in the best interest of the child to give responsibility of child care to the schools? Are the public schools an appropriate agency for providing infant and toddler care? What alternatives can we suggest?

Would comprehensive child development centers for children under age twelve which would combine many of the present services provided by summer schools, day care and migrant health be a more viable solution?

3. DEFINITIONS AND ELIGIBILITY CRITERIA

Originally migrant farm worker programs were designed to serve those families which moved for the purpose of working in the fields or in field crop food processing. The eligible population has been greatly expanded to include former migrant children up to five years, children of fishermen and workers on dairy and poultry farms (education), and non-migrant seasonal farm workers (health and CETA). As a result the least needy are often served first and the truly migrant population may be the last to be served.

Is there sufficient commonality of need between migrant and non-migrant seasonal farmworkers and fishermen to justify joint funding and programming? Does migrancy create special needs which can be more adequately and equitably served by programs targeted to their own needs?

4. CHILD CARE REGULATIONS AND LICENSING

Because of rigid state and federal regulations and licensing requirements it is difficult to provide child care services to migrant children in temporary centers at a reasonable cost. Present models are expensive and therefore available funds are spent on a relatively few children because of high staff/child ratios required and because of long distance busing to centralized facilities. Can some requirements be modified or waived without jeopardizing the safety and well being of the child? What new models for child care can be developed to scale down costs and eliminate long bus rides for infants and young children?

5. ASSESSMENT

The overall inadequacy of present efforts to deal with the multiple problems presented by migrant children and their families is clear. What is not clear is whether present programs, if properly coordinated, administered and adequately funded, could successfully intervene.

What assessment procedures should be initiated to rather quickly provide data for judging potential effectiveness of present programs?

What new studies are required to identify causative factors in the continuing poor performance of migrant children as compared to non-migrant children. Is there technology which can reliably assess possible relationship between nutritional deficiencies and/or toxic substances to poor ratings in gross and fine motor skills development?

6. RESEARCH TASKS

Social planning for migrant children has been handicapped by the lack of reliable data on the population characteristics. It is common to see data of questionable validity repeated in study after study because it appears to be the best available. For long term planning

and action new information is needed. This includes:

a) A more reliable count and profile of the total migrant child population.

b) The establishment of new seasonal flow charts.

c) The compilation of comparative data on health and education characteristics.

d) The identification of stabilizing influences within families which enable some to function acceptably within a migratory life style.

e) The exploration of alternative work patterns which would eliminate or reduce migrancy of the family.

Other issues must be seen as more long range because they involve the development of national policy, new legislation and program design or social reforms. Among these are:

1. DECLARATION OF ENTITLEMENT

While migrant children have limited access to non-targeted community services at best, there is some indication that state and local services are being denied in the belief that specifically targeted Federal programs adequately care for their needs. In addition, there are Federal services provided to children as a whole from which migrants are excluded. Most private agencies serving children do not include migrant children in their concern. Migrant children should be entitled to receive non-targeted services if they have need for them without regard to residence.

Migrant children have no guarantee of access to targeted programs. School districts may elect not to provide supplemental services. Other programs are so poorly funded as to make guarantees an empty gesture at present.

What priorities should be set for seeking declaration of entitlement and guarantees of services?

2. STAFF DEVELOPMENT

Staffing remains a problem area for all programs. An inadequate body of knowledge has been developed to guide

the preparation of staff for work with migrant children. In what direction should staff development activities move? Is the Policy Statement on Staff Development endorsed by the Seabury Conference on Migrant Education still a valid basis for staff development programs for migrant child services?

3. PARENT INVOLVEMENT

In education agencies there is general frustration in efforts to meet requirements for parent involvement. Most make little or no effort. Health personnel complain of poor involvement of parents in the health care of their children. While some parent councils do exist they have had little impact. What role can migrant parents be reasonably expected to play? Are surrogate parents (former migrants, ethnic and minority community leaders) acceptable representatives for migrant parents in parent advisory groups?

4. THE VOLUNTARY SECTOR

Much specialized knowledge and resources rest in the voluntary sector. Except for religious groups and some community based citizens groups, there has been little sustained interest on the part of the voluntary sector in migrant children. The leadership role of religious and community groups has been greatly diminished in the past ten years or so. What new role can be developed for the voluntary sector so that their creative energy and resources can be utilized?

5. FARMWORKER ADVOCATES

Edward R. Murrow recognized in 1960 that the migrant had no lobby. He believed then that only an enlightened and aroused public could help the migrant. With the growth of the migrant service industry dependent on Federal funds a farmworker lobby is appearing, representing the interests of these grantees. To what extent can these groups speak objectively for farmworkers? How can an effective citizens' "lobby" be mobilized?

6. MIGRANCY AS A LIFE STYLE

For generations the migrant farm labor system had continued without major changes in its general nature. The destructive effect of a migratory life style on a de-

pendent poverty population is well known. This population although now considerably smaller than it was twenty years ago, continues to present major unresolved social and economic problems. We seem to be unable to determine whether the agricultural industry is able to support an economically viable labor force. We do know that most rural communities cannot provide adequate services for large numbers of poor seasonal migrants. Can a socially acceptable and economically feasible approach be designed for deployment and employment of farm labor? Should the goal be to end migrancy completely?

7. ALIENS AS MIGRATORY LABOR

Increasingly the poor and unemployed of other nations are appearing in the migratory labor force. Some have legal status, others do not. Although most are from Mexico, others come from Haiti and Jamaica. In some cases there are intact family groups. In others, one parent will come with older children. Some leave the children behind with relatives.

There is no indication that services are being provided on a discriminatory basis. However, to avoid identification, illegal aliens probably do not seek services as often. While this issue is inextricably tied with whatever national policy is developed in regard to all alien workers, we must be concerned with this further disruption of family life.

8. CHILD LABOR

To what extent accidents and illness related to effects of child labor increase the demand for health services cannot be determined. It is known that child labor is a major factor in poor educational achievement and early school leaving. Present legislation is inadequate and enforcement lax. Pressures continue to relax present protection for certain groups of children. Child labor is not a concern of many agencies working with migrant children.

What can be done to reverse the present trend to play down the detrimental effects of child labor? How can more effective enforcement be secured?

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APPENDIX

FEDERAL PROTECTIVE LABOR LEGISLATION RELATING TO FARM WORKERS

1. Collective Bargaining

The Taft-Hartley Act guarantees the right of employees to organize and engage in collective bargaining. However, agricultural workers are excluded both by the Act and by subsequent appropriations for implementation of the Act.

2. Fair Labor Standards Act

This legislation was first passed in 1938. It is administered by the Wage and Hour Division of the U.S. Department of Labor. It sets minimum wage, minimum hours, overtime pay, equal pay and child labor standards for employment covered by the Act, unless specifically exempted.

a) Minimum Wage: In 1966 farm workers were included in the minimum wage provisions. In 1977 the minimum wage for farmworkers, effective January 1, 1978, was set at $2.65 an hour.

b) Hours: Farmworkers generally do not meet the requirements for overtime coverage.

c) Child labor: Children under age sixteen are prohibited from work in agriculture during the hours school is in session in the district in which they are residing. Until 1974 there was no minimum age limitation for agricultural work outside of school hours. The 1974 amendments to the FLSA prohibited employment of children under age twelve on farms covered by the Act's 500 man-day test (i.e., the employer used more than 500 man-days of agricultural labor during the peak calendar quarter of the previous calendar year). On non-covered farms children of any age may work with the consent of parents. Employers are required to secure proof of age, according to the regulations set by the Secretary of Labor. Violators are subject to a civil penalty not to exceed $1,000 for each violation. Civil or criminal proceedings in the courts are also provided for.

In 1977, an amendment to the FLSA provided for waivers to be granted for work by ten and eleven year olds in certain hand harvest situations between June 1 and October 15.

3. Federal Insecticide, Fungicide and Rodenticide Act (FIFRA)

This Act provides for registration and proper labeling of pesticides and other dangerous chemicals, the training and certification of persons who handle these materials and the enforcement of requirements related to use.

It prohibits farmworkers, without protective clothing, to enter or be in a field recently treated with pesticides until the required safe period of time has passed.

4. Interstate Commerce Act

This Act regulates interstate business and transportation. It covers the licensing of drivers, the operating conditions of vehicles and limits the number of hours a driver may drive. It does not cover passenger cars or station wagons.

5. Labor Contractors

The Farm Labor Contractor Registration Act requires a farm labor contractor to obtain a registration certificate from the Secretary of Labor and sets qualifications for registration. The 1974 amendments now cover anyone "who, for a fee for himself or another, recruits, solicits, furnishes or transports any migrant workers for agricultural employment either within a state or across state lines."

Such contractors must provide insurance on transportation vehicles, payroll records and information to workers regarding living conditions and work. Peonage is prohibited.

Violations are punishable by civil money penalties up to $1,000. Failure to register, or those with revoked or suspended licenses, are subject to a criminal penalty of up to $10,000 fine or prison sentence up to three years (or both), if such contractor knowingly engaged the services of illegal aliens.

6. Occupational, Safety and Health Act (OSHA)

The enactment of OSHA in 1970 empowered the Secretary of Labor to prescribe mandatory safety and health standards in both agriculture and industry. Specifically related to agriculture are regulations governing:

a) Temporary housing in labor camps (adequate size, safe water, adequate toilets, laundry and bathing facilities, garbage cans, pest control, first aid).

b) Storage of and handling of anhydrous ammonia.

c) Pulpwood logging.

d) Agricultural equipment.

7. Social Security

Under the Federal Insurance Contribution Act (FICA), farmworkers have been covered for Social Security purposes since 1956. The worker qualifies for coverage if he receives cash wages of at least $150 from one employer during the year, or if he works for one employer for twenty days or more during the year for cash remuneration computed on a time basis rather than on a piece rate. Many migrants do not qualify since so many are paid on a piece rate basis. Lack of coverage excludes workers from retirement, survivors, disability and medicare protection.

The Social Security Administration has made special efforts through films and other educational and informational materials to encourage workers to claim coverage.

8. Taxation

Wages paid for farm labor are excluded from collection of income tax by the employer. Likewise migrant workers are excluded from the definition of "eligible employee" for purposes of computing federal welfare recipient employment incentive tax credit.

9. Unemployment Compensation

Farmworkers are excluded from the Federal Unemployment Tax Act when enacted. However, beginning January 1, 1978 farmers and other farm employers who employ ten or more farm employees in each of any twenty weeks during the year, or who pay, at least, $20,000 in agricultural wages in a three month period, must pay unemployment insurance taxes. Unemployed farmworkers who have worked for such employers may be eligible for regular unemployment benefits.

Special Unemployment benefits have been available under Title II of CETA (PL93-203) to any person who is not eligible for benefits under any state or Federal unemployment

benefits law and who in the fifty-two weeks prior to filing claim had sufficient employment to qualify him for benefits under state law, had that law provided coverage for his occupation or job. This coverage will end on December 31, 1977.

10. Wagner-Peyser Act

This Act authorizes the U.S. Employment Service to maintain a farm placement service through the state employment office systems and to set standards for these services. Regulations set forth the minimum housing standards and require that prevailing wages be paid local workers.

11. Workmen's Compensation

Workmen's Compensation is state controlled and farm workers are largely exempt or elective, while workmen's compensation is usually compulsory for other industrial workers.